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the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| appropriate. All further indicated unless corrects maintenance fee notifica | correspondence includir ed below or directed oth tions. | ng the Patent, advan herwise in Block 1, | ce orders and notification by (a) specifying a new o | | | | | | | | |
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| WASHINGTON | I, DC 20005 | OK SE PR | MARCH | | | | | | | (Depositor | r's name) |
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| APPLICATION NO. | APPLICATION NO. FILING DATE | | | √TOR | | 7 | ATTOR | NEY DOCKET NO. | CONF | CONFIRMATION NO. | |
| 10/687,599 10/20/2003 | | | Michio Horiuch | Michio Horiuchi | | | | 300.1135 | | 2549 | |
| TITLE OF INVENTION | | * | | | | | | | | | |
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| BELL, BRUCE F 1746 | | | 429-020000 | | | | | | | | |
| 1. Change of correspond CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required. | (1) the names of or agents OR, alte (2) the name of a registered attorner 2 registered pater | 2. For printing on the pattern front page, Itis: (1) the names of up to 3 registered patent autometers or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent autometers) and the names of up to 2 registered patent autometers or agents. If no name is listed, no name will be printed. | | | | | | | | | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DATA | A TO BE PRINTED | ON THE PATENT (print | or type |) | | | | | | |
| PLEASE NOTE: Un recordation as set fort | less an assignee is ident th in 37 CFR 3.11. Comp | ified below, no assig | gnee data will appear on | the pat | ent. If an | assignee | is idea | ntified below, the | locumen | i has been fi | iled for |
| (A) NAME OF ASSI | GNEE | (B) RESIDENCE: (| | | | | Alte assesser | | 900/377 | | |
| SHINKO ELE | NAGANO, | , J <i>I</i> | PANH | FE:126 | 11 | | 1460.66 OP 368.68 OP | | | | |
| Please check the appropr | iate assignee category or | categories (will not | be printed on the patent) : | | ndividual | X Con | poration | or other private gr | oup entit | y 🛚 Gove | mment |
| 4a. The following fee(s) X Issue Fee Publication Fee (N | A check is enclo Payment by cred | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) c. A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is bereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12—3355 (enclose an extra copy of this form). | | | | | | | | | |
| 5. Change in Entity Sta | tus (from status indicate | d above) | | | | | | | | | _ |
| a. Applicant claim | s SMALL ENTITY state | us. See 37 CFR 1.27. | | | | | | | | | |
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